

11-15-02

AF 1000

EXPRESS MAIL NO. EV0649870961US
PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002 OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

Application Number	09/699,295
Filing Date	October 26, 2000
First Named Inventor	Tony N. Frudakis
Group Art Unit	1631
Examiner Name	Mary K. Zeman
Attorney Docket No.	210121.419C10

RECEIVED

NOV 20 2002


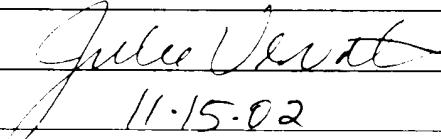
ENCLOSURES (check all that apply)

TECH CENTER 1600:2900

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Declaration	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Cited References	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	_____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	_____
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	_____

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Julie A. Urvater, Ph.D., Patent Agent Reg. No. 50,461	 00500 PATENT TRADEMARK OFFICE
Signature		
Date	11-15-02	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date specified below.

Typed or printed name		
Signature		Date:



EXPRESS MAIL NO. EV064987096US

**RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE - EXAMINING GROUP 1630**

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Ok to enter
11/20/02

Applicants : Tony N. Frudakis et al.
Application No. : 09/699,295
Filed : October 26, 2000
For : COMPOSITIONS AND METHODS FOR THE THERAPY AND
DIAGNOSIS OF BREAST CANCER

Examiner : Mary K. Zeman
Art Unit : 1631
Docket No. : 210121.419C10
Date : November 15, 2002

Box AF
Commissioner for Patents
Washington, DC 20231

RECEIVED
NOV 20 2002
TECH CENTER 1600/2900

RESPONSE UNDER 37 C.F.R. § 1.116

Commissioner for Patents:

In response to the Office Action dated October 17, 2002, please amend the application as follows:

In the Claims:

Please cancel claim 20.